

FAST FACTS

The President's Malaria Initiative (PMI)

April 2011

A Dramatic Scale-up of Malaria Control Interventions

Over the past five years, substantial reductions were recorded in mortality in children under the age of 5 together with improvements in other malaria indicators in all PMI-supported countries where baseline and follow-up nation-wide household surveys have been conducted. These reductions are due in large part to the dramatic scale-up of malaria prevention and treatment measures since 2005, thanks to the collective efforts of national governments, the U.S. Government, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, other international donors, and multilateral and non-governmental organizations.

PMI Highlights

- **More than 36,000 health workers were trained** on case management. In addition, 17,000 health workers were trained in malaria laboratory diagnosis and 14,000 were trained in the prevention and treatment of malaria in pregnant women during 2010.
- **More than 27 million people were protected** as a result of PMI-supported indoor residual spraying in 2010.
- **More than 45 million insecticide-treated mosquito nets have been procured** and more than 30 million distributed since PMI began.
- **More than 95 million lifesaving antimalarial treatments have been procured** and more than 67 million distributed since PMI began.
- **Support provided to countries to improve the management** of antimalarial drugs and other essential medical commodities since PMI began has resulted in significant improvements in supply chain systems in all 15 original PMI focus countries.

PMI 2009–2014 Goal Statement

PMI was launched in 2005 with a vision of five years of funding (FY 2006–2010). This represented a \$1.265 billion expansion of U.S. Government resources to reduce the intolerable burden of malaria and help relieve poverty on the African continent. Passage of the Lantos-Hyde Act of 2008 authorized an extension of PMI funding for five additional years (FY 2009–2013). With the launch of the Global Health Initiative and a congressional authorization of extended funding, an expanded PMI Strategy (2009–2014) was developed to achieve Africa-wide impact by halving the burden of malaria in 70 percent of at-risk populations in sub-Saharan Africa, i.e., approximately 450 million residents. This allowed PMI to expand into the Democratic Republic of the Congo (DRC), Nigeria, and the Greater Mekong Subregion.

U.S. Government Leadership

- PMI is led by the U.S. Agency for International Development (USAID) and implemented together with the U.S. Centers for Disease Control and Prevention (CDC).
- PMI funding has steadily increased from \$30 million in FY 2006 to \$135 million in FY 2007, \$300 million in FY 2008, \$300 million in FY 2009, and \$500 million in FY 2010.
- PMI works with NMCPs in coordination with other national and international partners, including the Roll Back Malaria Partnership; the Global Fund; the World Bank Malaria Booster Program; UNICEF; the Global Malaria Program of the World Health Organization; and non-governmental organizations, faith-based organizations, community groups, academia, and the private sector.

PMI Focus Countries and Regions

Activities in PMI focus countries began in a phased fashion as shown below:

- Round 1 – FY 2006: Angola, Tanzania, and Uganda
- Round 2 – FY 2007: Malawi, Mozambique, Rwanda, and Senegal
- Round 3 – FY 2008: Benin, Ethiopia (Oromia Region), Ghana, Kenya, Liberia, Madagascar, Mali, and Zambia
- Round 4 – FY 2011: DRC, Nigeria, and the Greater Mekong Subregion

Malaria Control Measures

PMI supports four key intervention strategies to prevent and treat malaria:

- Indoor residual spraying with insecticides (IRS)
- Insecticide-treated mosquito nets (ITNs)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

To ensure successful uptake of these prevention and treatment measures, PMI invests in strong monitoring and evaluation activities, as well as support to communications, health systems strengthening, and integration with other key public health efforts.

Progress after Five Years of Implementation

PMI CONTRIBUTIONS AT A GLANCE ¹						
Indicator	Year 1 (2006)	Year 2 (2007)	Year 3 (2008)	Year 4 (2009)	Year 5 (2010)	Cumulative
People protected by IRS (houses sprayed)	2,097,056 (414,456)	18,827,709 (4,353,747)	25,157,408 (6,101,271)	26,965,164 (6,656,524)	27,199,063 (6,693,218)	N/A ²
ITNs procured	1,047,393	5,210,432	6,481,827	15,160,302	17,532,839	45,432,793 (30,343,517 distributed)
ITNs procured by other donors and distributed with PMI support	—	369,900	1,287,624	2,966,011	10,856,994	15,480,529
IPTp treatments procured	—	583,333	1,784,999	1,657,998	6,264,752	10,291,082 (5,084,185 distributed) ³
Health workers trained in IPTp/focused antenatal care	1,994	3,153	12,557	14,015	14,146 ⁴	N/A ⁵
Rapid diagnostic tests procured	1,004,875	2,082,600	2,429,000	6,254,000	13,340,110	25,110,585 (16,104,306 distributed) ³
Health workers trained in malaria diagnosis (RDTs and/or microscopy)	—	1,370	1,663	2,856	17,335	N/A ⁵
ACT treatments procured	1,229,550	8,851,820	22,354,139	21,833,155	41,048,295	95,316,959 (67,509,272 distributed) ³
ACT treatments procured by other donors and distributed with PMI support	—	8,709,140	112,330	8,855,401	3,536,554	21,213,425
Health workers trained in case management	8,344	20,864	35,397	41,273	36,458	N/A ⁵

¹ Data reported in this table are up to date as of January 1, 2011, and include 15 PMI focus countries, plus jump-start activities in DRC and Nigeria. In addition, during 2010, the USG provided support for malaria prevention and control activities in other countries. For data by country, see Appendix 2. With this 2011 report, some adjustments were made to previous years' procurement figures in order to reconcile quantities of commodities procured by each country in a given calendar year with the figures reported by implementing partners responsible for those procurements. These changes represent less than 2 percent of the total procurements for commodities.

² A cumulative count of people protected by IRS is not provided because most areas are sprayed on more than one occasion.

³ Distributed to health facilities.

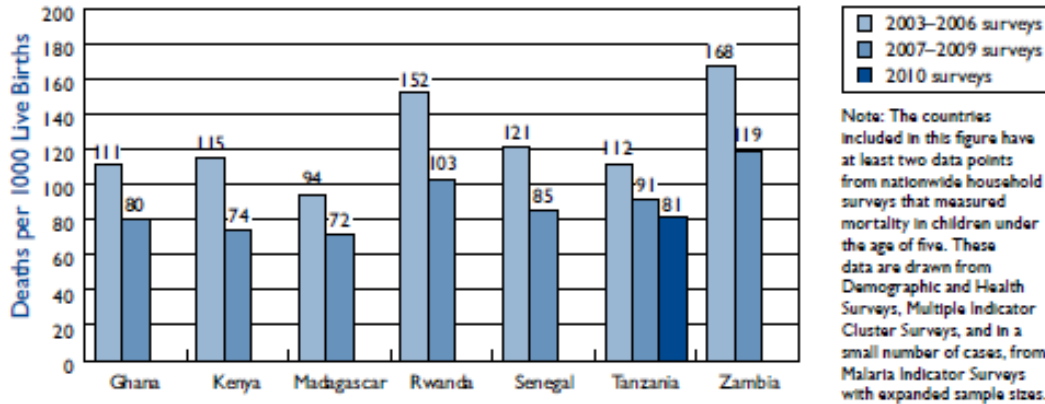
⁴ This total includes 964 health workers who were trained in focused antenatal care in Rwanda, where IPTp is not national policy.

⁵ A cumulative count of health workers trained is not provided because some health workers have been trained on more than one occasion.

Evidence of Impact

Substantial progress has been made in scaling up training, host country capacity, and malaria prevention and treatment measures across the 15 original PMI focus countries. Dramatic increases in the coverage of malaria control measures are now being documented in nation-wide household surveys as a result of the contributions of PMI, prior U.S. Government assistance, host country governments, and other donors. **In all seven PMI-supported countries with baseline and follow-up nation-wide household surveys (Ghana, Kenya, Madagascar, Rwanda, Senegal, Tanzania, and Zambia), substantial reductions in all-cause mortality (ranging from 23 to 36 percent) have been documented in children under the age of 5 (see graph below).** Six additional PMI countries will complete their nation-wide follow-up surveys during the next 12 months. While a variety of factors could be influencing the decline in under-5 mortality rates, there is strong and growing evidence that malaria prevention and treatment efforts are playing a major role in these reductions.

Reductions in All-Cause Mortality Rates of Children Under Five



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